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7590 11/03/2005

Tyco Electronics Corporation
4550 New Linden Hill Road
Suite 140
Wilmington, DC 19808-2952
01/20/2006 MGEDREM2 00000027 231950 10705790

01 FC:1501 1400.00 DA
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Paula M. Capriglione (Depositor's name)
Paula M. Capriglione (Signature)
January 20, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/705,790	11/10/2003	Jeremy Christian Patterson	18002 (AT:20958-35)	4153

TITLE OF INVENTION: ELECTRICAL CONNECTOR WITH A LOW PROFILE LATCH

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	02/03/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
DINH, PHUONG K	2839	439-350000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Tyco Electronics Corporation Middletown, PA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 3

A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized by check the required fee(s), or credit any overpayment, to Deposit Account Number 31950 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date 1/20/06

Typed or printed name

LISA BURGEN VACCARELLI

Registration No. 52,470

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